S. No. 2
M—5-43
. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36981

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 250

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Linn, Mo. R. D.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredrick Hubert Vasen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Josepha Koeingsfeild
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased December 27th, 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Westphalia, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
FATHER 12. Name Steve Vasen
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine Rosella
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John Reinkemeyer
(b) Address Linn, Mo. R. D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) 11-13-45 (Date received local registrar) (b) A. P. Harris M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th, year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 7 1945 to Nov 12 1945 that I last saw ~~him~~ alive on Nov 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypostatic Pneumonia
Due to Bed-ridden from
Due to Pernicious anemia & general
Other conditions Osteo-arthritis years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. A. Ossman (M. D. or other) M.D.
Address Jefferson City Mo Date signed 11-13-45

1487 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 11-19-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.